

**APPLICATION FOR REGISTRATION OF CONTRACTORS
CITY OF BEDFORD HEIGHTS, OHIO**

FOR THE CALENDAR YEAR OF 20____

DATE_____

I.R.S.EMPLOYER IDENTIFICATION NO._____

WORKMANS COMPENSATION NO._____

FIRM'S NAME_____

ADDRESS (NO P.O. BOX'S) _____

CITY_____ **STATE**_____ **ZIP**_____

PHONE NO. _(_____)_____

FAX NO. _(_____)_____

TYPE OF CONTRACTOR_____

CHIEF OFFICER_____

EXPERIENCE AND QUALIFICATIONS_____

APPLICANTS SIGNATURE

TITLE

**EVER BEEN CONVICTED OF A
BUILDING CODE VIOLATION**_____

**NO LICENSE SHALL BE ISSUED UNTIL ALL COMPLETED FORMS ARE TURNED
INTO THE BUILDING DEPARTMENT.**

**NO PERMITS WILL BE ISSUED UNTIL ALL COMPLETED FORMS (REGISTRATION,
BONDS, CERTIFICATE OF INSURANCE, CITY INCOME TAX) ARE TURNED INTO
THE BUILDING DEPARTMENT.**